

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 833099 (5)**  
 1. Corporation Name  
**ELECTRO PAINTERS INCORPORATED**



Principal Place of Business <b>8533 ZIONSVILLE ROAD          P.O. BOX 68678          INDIANAPOLIS IN 46268</b>	Mailing Address <b>8533 ZIONSVILLE ROAD          P.O. BOX 68678          INDIANAPOLIS IN 46268-0678</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 Country 30
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3. Date Incorporated or Qualified <b>09/25/1974</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FET Number <b>35-1056899</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WALTERS, VICTOR  
 7818 PROFESSIONAL PL STET 1  
 TAMPA FL 33837**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/30/97**

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>UCHIDA, RITA J</b>	
STREET ADDRESS	<b>8533 ZIONSVILLE RD</b>	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VAAL, A. JOSEPH</b>	
STREET ADDRESS	<b>8533 ZIONSVILLE RD.</b>	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARRINGTON, MARK</b>	
STREET ADDRESS	<b>8533 ZIONSVILLE RD</b>	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BORTZ, ROBERT</b>	
STREET ADDRESS	<b>8533 ZIONSVILLE RD</b>	
CITY-ST-ZIP	<b>INDIANAOPPLS IN</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HICKS, ROBERT</b>	
STREET ADDRESS	<b>8533 ZIONSVILLE RD</b>	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Uchida, Rita J.</b>	
1.3 STREET ADDRESS	<b>14712 Alsong Ct.</b>	
1.4 CITY-ST-ZIP	<b>Carmel, IN 46032</b>	
2.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Uchida, Mark F.</b>	
2.3 STREET ADDRESS	<b>8533 Zionsville Rd.</b>	
2.4 CITY-ST-ZIP	<b>Indianapolis, IN 46268</b>	
3.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Rohana, Raymond</b>	
3.3 STREET ADDRESS	<b>8533 Zionsville Rd.</b>	
3.4 CITY-ST-ZIP	<b>Indianapolis, IN 46268</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed, on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/30/97** **317-875-8811**

CR2E034 (9/96)